

Missouri Long-Term Care Ombudsman Program

Matt Blunt, Governor



Ombudsmen Making a Difference

Federal Fiscal Year 2006 Annual Report

**For more information, or to secure the
services of an Ombudsman,**

WRITE or CALL

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Missouri Long-Term Care Ombudsman Program

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<<http://www.dhss.mo.gov/Ombudsman>>

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What is an Ombudsman?

The word ombudsman (om-budz-man) is of Swedish origin and means one who speaks on behalf of another. The Missouri Long-Term Care Ombudsman Program (LTCOP) is comprised of individuals whose main responsibility is to help residents in long-term care facilities maintain or improve their quality of life by helping ensure their rights are not violated.

Ombudsman Roles

The ombudsman has many different roles that may be applicable:

- 1. Facilitator:** Helps people formulate or simplify problems and complaints.
- 2. Educator:** Provides learning materials and educational brochures to facility staff, families, residents and the community at large, thus encouraging self-help and problem solving.
- 3. Broker:** Makes referrals and monitors the referral to see that the problem is solved.
- 4. Intermediary:** Promotes communication among those involved in a problem concerning long-term care.
- 5. Collaborator:** Works with residents and staff toward mutually beneficial solutions.
- 6. Mediator:** Brings together all pertinent individuals to arrive at an agreement or a compromise.
- 7. Advocate:** Acts on behalf of someone else.
- 8. Investigator:** Gathers pertinent information from many sources. It is particularly important to evaluate the facts impartially.
- 9. Problem solver:** Brings about resolutions to problems or complaints concerning various aspects of long-term care.

Missouri Long-Term Care Ombudsman Program

State Office of Long-Term Care Ombudsman

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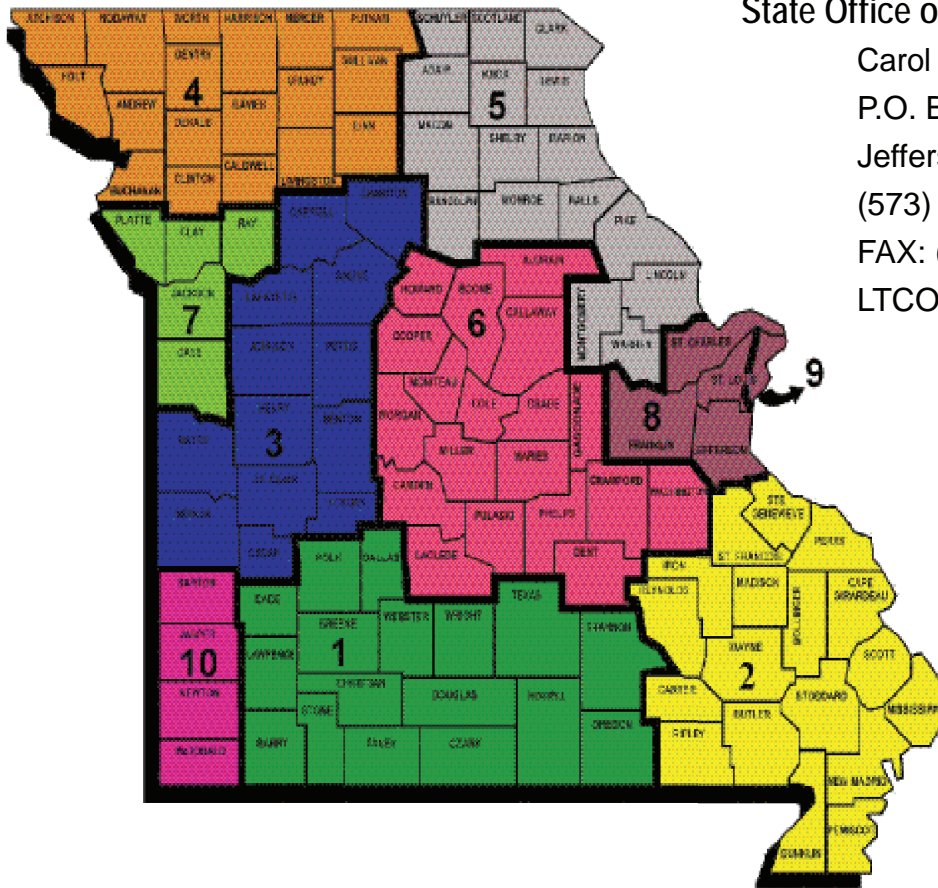
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July 2007

The Missouri Long-Term Care Ombudsman Program (LTCOP) has advocated for the rights of residents in long-term care facilities for 29 years. Thousands of residents, and their families and friends, have received visits from ombudsmen, answers to questions, and assistance in getting complaints and concerns resolved.

In April 2006, the LTCOP held its annual training conference in Osage Beach. The theme was **“The Essential Piece: Ombudsmen Making a Difference.”** In addition to celebrating and thanking our volunteers, we continued to provide educational opportunities for both staff and volunteers to be the best possible advocates for residents. Conference speakers and topics included:

Sara Hunt, MSW, Midland, Mich., a former state Ombudsman now on the staff of the National Ombudsman Resource Center, who spoke on the topic “Resident Directed Care Plans.” This session focused on how resident and family participation in the care plan can help achieve individualized care.

De Minner, BSN, RN-BC, Columbia, Mo., is a nurse who worked with the University of Missouri’s QIPMO (Quality Improvement Program – Missouri) for six years. De presented “Pieces of My Past: Understanding & Communicating with the Person with Dementia.”

Julie Button, BSW, LTC Regional Ombudsman for the Wisconsin Board on Aging and Long-Term Care in Madison, who presented tips and problem solving techniques when working with dementia residents.

This third annual report contains the LTCOP activities from October 2005 to September 2006. It is important to take time to look at the issues and topics of the program. One way to ensure that residents are living the highest possible quality of life is to look at where they have had problems. By addressing those problems, we can hopefully have answers and resolutions ready for future residents.

Carol J. Scott
Missouri State Long-Term Care Ombudsman

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Program Information

Putting Together the Pieces

Program Purpose

Missouri Long-Term Care Ombudsman Program Mission Statement and Goals

The mission of Missouri's Long-Term Care Ombudsman Program is to improve the quality of life for residents of long-term care facilities through advocacy and education. The goals of the program are:

- To provide ombudsman services to all residents of all long-term care facilities in Missouri, including Veterans Administration Nursing Homes.
- To advocate for residents' rights.
- To provide community education regarding long-term care facility issues.

These are the tasks for each ombudsman. These goals help ensure and maintain the best quality of life for all residents in long-term care facilities.

To achieve these goals ombudsmen:

- Make sure all residents are informed of their rights as established by law.
- Strive to empower residents and/or help to resolve all complaints at the facility level through the involvement of all concerned parties.
- Relay non-confidential information to the community on residents' needs and concerns.

Quality of Life

Quality of life refers to elements which make life worth living. Not all of the components by which quality of life would be measured are quantifiable. Needs vary from individual to individual.

Program Structure

The Missouri Long-Term Care Ombudsman Program is comprised of the state office (located in the Department of Health and Senior Services), nine regional programs (located in or contracted out by the Area Agencies on Aging) and over 300 volunteers. The program is led by the State Long-Term Care Ombudsman. Each regional office is led by a regional ombudsman coordinator.

Major Cornerstones

The focus of ombudsmen efforts is resident-initiated complaints. While complaints may be made on behalf of residents by other individuals, care is taken that such complaints accurately reflect the concerns of the resident. Complaints are received in the strictest of confidence.

Investigation/resolution is not attempted without a resident's permission unless the problem affects other residents and can be approached in a generic sense without breaching confidentiality.

To resolve issues before they become major problems. Ombudsmen strive to make the system work for residents. No problem is too big or too small. Ombudsmen can often solve problems before they become crises.

A key word in this program is "empower." To empower is to enable or permit some action. Ombudsmen look for ways to empower residents to help themselves. It would be ironic if this very system, set up to ensure that residents know their rights and maintain their dignity, became part of the problem. Mediating a situation is just as important a function as is being an advocate.





Essential Pieces for the Present and the Future

This past year, changes have occurred in the Missouri Long-Term Care Ombudsman Program. Several regional ombudsman coordinators have moved on to other jobs and new talented staff have joined the program. We've had limited success in recruiting new volunteers. In addition, a number of people have left due to health issues or to pursue other volunteer endeavors. One individual who will be missed greatly is Helen Marie Crump, of Chaffee, who died earlier this year. Helen was one of our longest serving volunteers.

The training for new volunteers comes from our new training manual, updated by the state office and regional ombudsman coordinators. With the assistance of the National Ombudsman Resource Center and several other states, we now have a good curriculum for volunteers' initial 18 hours of training.

The state office partnered with many organizations and agencies in 2006. Two of those partnerships are:

The Missouri Coalition Celebrating Care Continuum Change (MC5) – This organization promotes care that is satisfying, individually meaningful and person centered.

Missouri End-of-Life Coalition – Encourages everyone to complete advance health care directives and work to improve the care provided to people at the end-of-life.

Ombudsman Program Services

Type of Staff	Measure	State Office	Local Programs
Paid Staff	Full Time Employee	3	18
Paid Clerical Staff	Full Time Employee	1	3
Volunteers	Number of Vol.	0	300

Activity	Measure	State	Local
Training for Staff	Sessions	15	149
	Hours	213	789
Trainees		275	605
Tech Assistance	% of staff time	40%	30%
Training for Facility Staff	Sessions	8	65
	Topic 1	Guardianship/DPOA*	Ombudsman Program
	Topic 2	Ombudsman Program	Abuse and Neglect
	Topic 3	Care Plan Meetings	Resident Rights
Consultation to Facilities	Consults	79	852
	Topic 1	Resources for Training Staff	Ombudsman Program
	Topic 2	Handling Challenging Residents	Working with Families
	Topic 3	Regulations	Resident Rights

Activity	Measure	State	Local
Information and Consults to Individuals	Consults	551	8,972
	Topic 1	Resident Rights	Ombudsman Program
	Topic 2	Medicaid/Medicare	Choosing a LTC Facility
	Topic 3	Transfer/Discharge	Resolving Complaints
Resident Visitation	No. NF** Visited	2	388
	No. RCF*** Visited	0	134
Participation in Surveys	No. Surveys	1	197
Work with Resident Councils	No. Meetings Attended	0	223
Work with Family Councils	No. Meetings Attended	0	47
Community Education	No. Sessions	16	98
Work with Media	No. of Interviews	10	12
	No. of Press Releases	4	31
Monitoring Laws and Regulations	% Time	5%	10%

*DPOA: Durable Power of Attorney

**NF: Nursing Facility

***RCF: Residential Care Facility

Technical Assistance-Consultation to the General Public

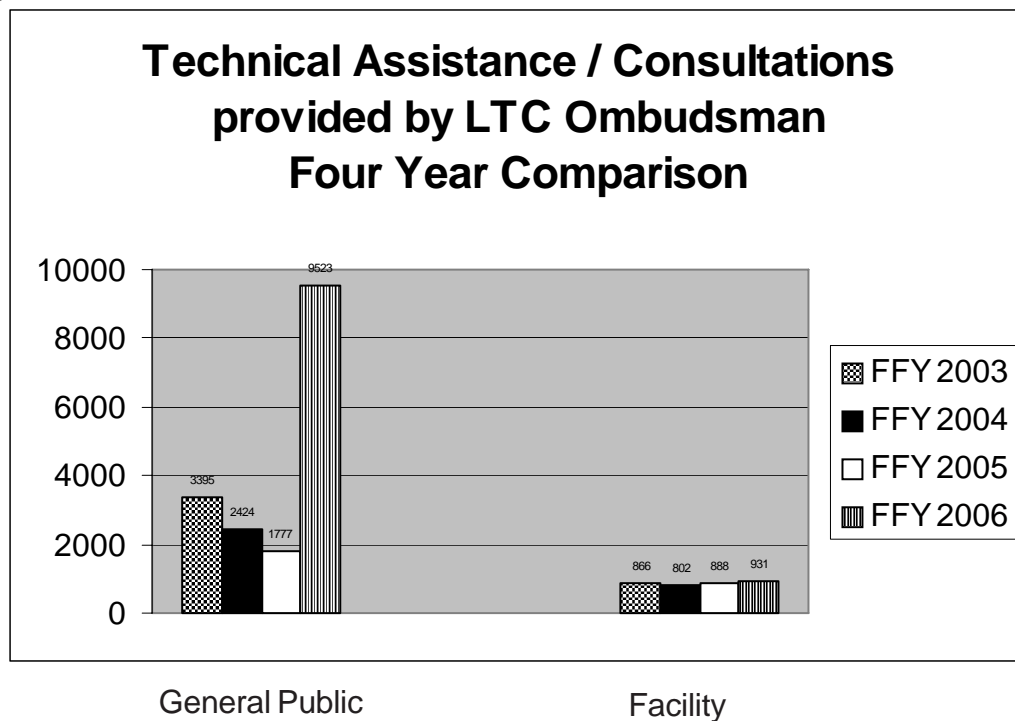
Ombudsmen provided technical assistance consultations to 9,523 individuals from October 2005 to September 2006 (federal fiscal year 2006). The information most frequently requested was:

- ◆ Resident Rights
- ◆ Medicaid/Medicare Questions
- ◆ Questions about Discharge Letters and Appeals

Technical Assistance-Consultations to Nursing Homes and Residential Care Facilities

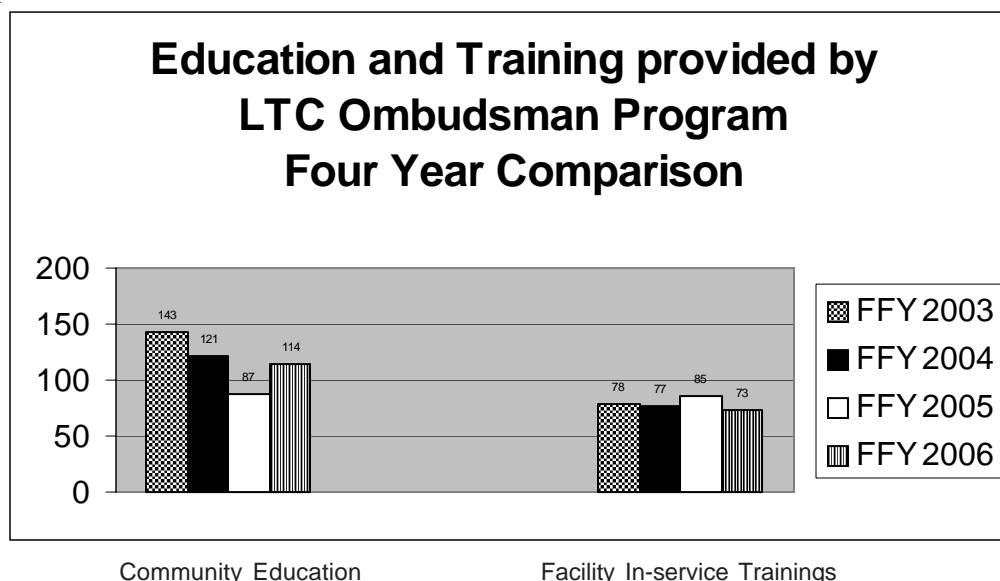
The LTCOP responded to 931 consultation requests during federal fiscal year 2006 from long-term care facilities regarding resident care issues such as:

- ◆ Resources for Training Staff
- ◆ Suggestions on Handling Residents with Challenging Behaviors
- ◆ Questions about Regulations



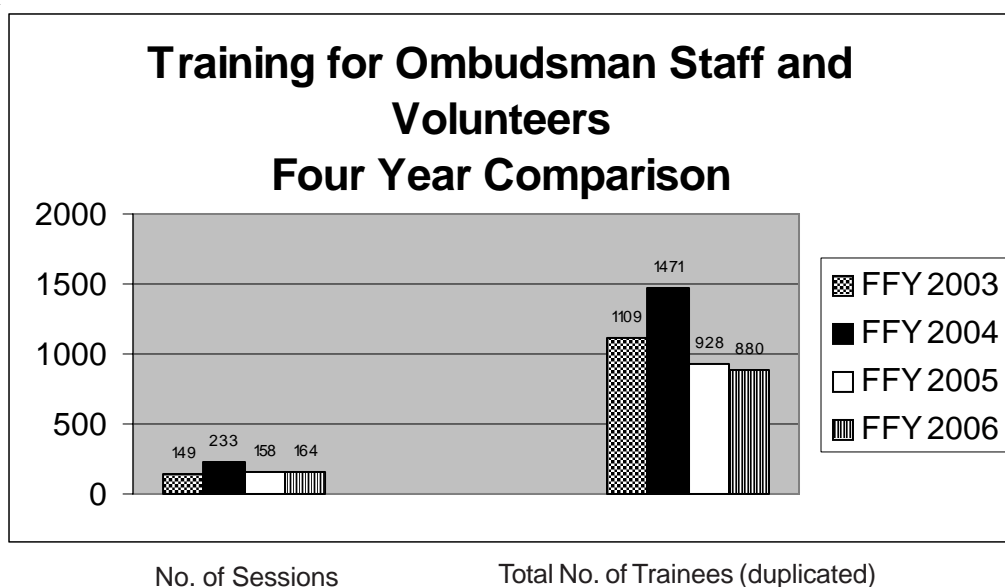
Education and Training for the Community and Facility Staff

The Missouri Long-Term Care Ombudsman Program provided 114 community education sessions and 73 facility in-service trainings. The two most common trainings featured information about resident rights and the ombudsman program.



Training for Ombudsman Staff and Volunteers

In 2006, state staff attended the national annual training for state ombudsmen, and then provided a statewide training for the regional program volunteers and staff. The regional programs hosted quarterly meetings for their volunteers and also held trainings for new volunteers.



State Advocacy

In 2006, Gov. Matt Blunt signed into law new language establishing assisted living facilities in Missouri (SB616). This law changes the name “Residential Care Facility II” to “Assisted Living Facility.” (Residential Care Facilities I are now called Residential Care Facilities.) And, perhaps most importantly, the new law includes language stating that these facilities adhere to a **“social model of care,” and that “long-term care services be based on the abilities, desires, and functional needs of the individual delivered in a setting that is more home-like than institutional and promotes the dignity, individuality, privacy, independence, and autonomy of the individual....”** 198.006 (24) RSMo 2006

With this new law, consumers may need help determining what services are provided in residential care or assisted living facilities. The Missouri Long-Term Care Ombudsman Program intends to develop material that will assist consumers in choosing the most appropriate setting.

Another concern the program is addressing is the ability of eligible residents to receive prescriptions from the Department of Veterans Affairs (VA). The VA does not bubble pack medications, and this causes issues for some residents in nursing facilities that require medications in bubble packs. So far, the program has assisted many people by getting facilities to make an exception to this policy. One facility, however, refused to make an exception, and a resident had to move as a result. This has become a national issue, and the Missouri Long-Term Care Ombudsman Program will underscore it in Washington, D.C., in hopes that changes can be made.

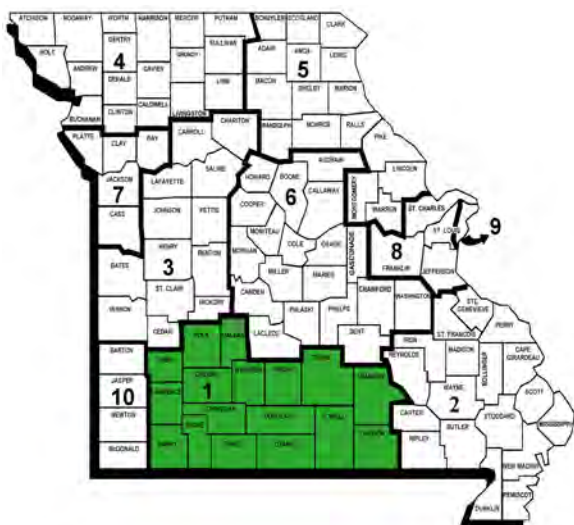
Two thousand and six also saw the continuation of issues and concerns regarding the guardianship/conservator process in Missouri. U.S. Sen. Jim Talent invited State Ombudsman Carol Scott to testify before the U.S. Senate’s Special Committee on Aging in September. The issues and concerns in Missouri are similar to those found in many states: inadequate training and oversight of family, friends and others who become guardians or conservators for elderly and disabled adults. Scott’s testimony and the entire hearing can be found at:

<aging.senate.gov/hearing> (click on 109th congress, date of hearing September 7, 2006)



Regional Information

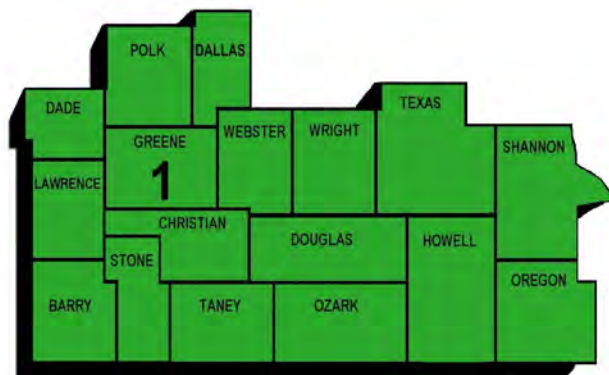
Coming Together Piece by Piece

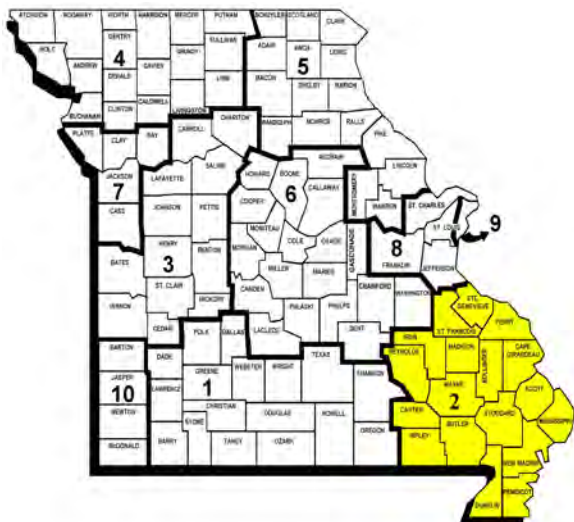


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The Council of Churches of the Ozarks creates partnerships each year, which give the council an opportunity to better serve area residents. Many of these partnerships result in grants. A few of the grants the program obtained last year are:

- **Community Foundation Grant:** This partnership allows the program to work on volunteer recruitment and offer ongoing training to volunteers in the ombudsman program.
- **Greene County Senior Citizen's Fund:** Specifically created for residents living in Greene County, this fund allows volunteers to work closely with the elderly.
- **Coover Grant:** Volunteer recruitment and training are essential to the ombudsman program. This partnership is used for the elderly population, which allows for more resident issues to be resolved through the LTCOP.
- **Christmas Grant:** This anonymous gift program brings smiles to the faces of residents without family or friends as they open gifts during the Christmas season.

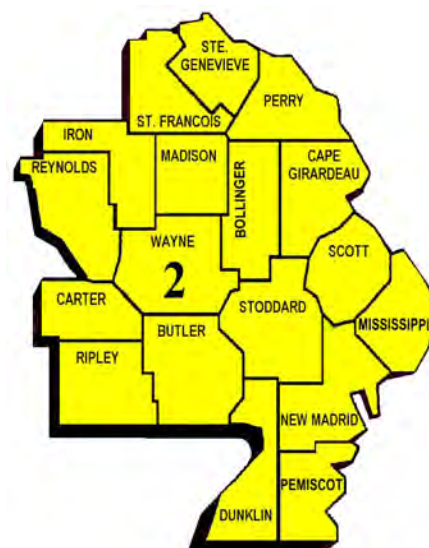


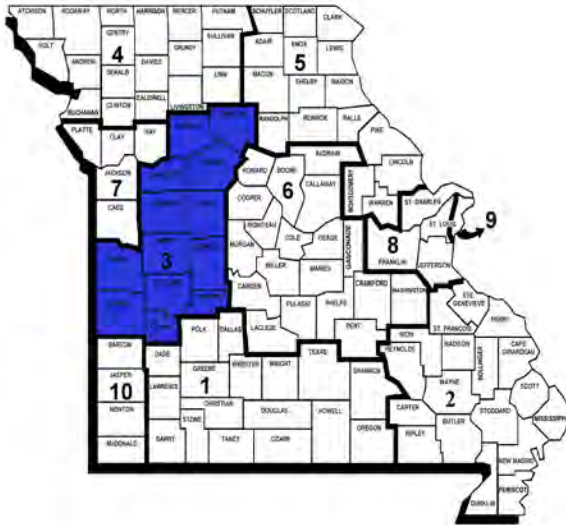


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The Southeast Missouri Long-Term Care Ombudsman Program held a community seminar titled “Achieving Resident Rights Through Nursing Home Care Plans” in Poplar Bluff in July. The Independent Living Center of Southeast Missouri cosponsored this event, which was held for family members, nursing home staff, ombudsmen and individuals in the community interested in nursing home care.

Nursing homes are required to meet the medical and social needs of residents, and these needs are directed and planned through the resident “care plan.” The seminar was presented to inform the public that a care plan can meet an individual’s needs and uphold the rights of people residing in nursing homes. Discussion centered on aspects of a good care plan, individualized care plans, and resident and family involvement in the care planning process.

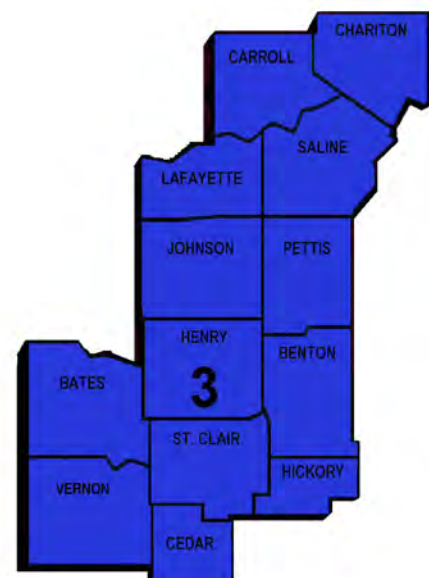




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The Care Connection for Aging Services' Ombudsman Program enjoys taking every opportunity to connect with its ombudsman volunteers. Quarterly trainings are offered and provide essential information, fellowship, fun and a time for volunteers to share their other talents. Various volunteers have sung, played the piano, read their own stories and shared jokes. They feel a genuine sense of belonging in a supportive and nurturing environment. Program staff and individual volunteers make regular, on-site visits to facilities, providing other opportunities to bond and share resources.

In addition, the Care Connections for Aging Services' Ombudsman Program enjoys helping with educational opportunities and trainings for nursing facilities, staff, and family members of residents in its service area. This summer a seminar titled "Intimacy in the Long-Term Care Setting" will be offered in conjunction with the Missouri Long-Term Care Ombudsman Program and the Center for Practical Bioethics. This is just one example of how the regional program is making a difference each day in the lives of area residents.



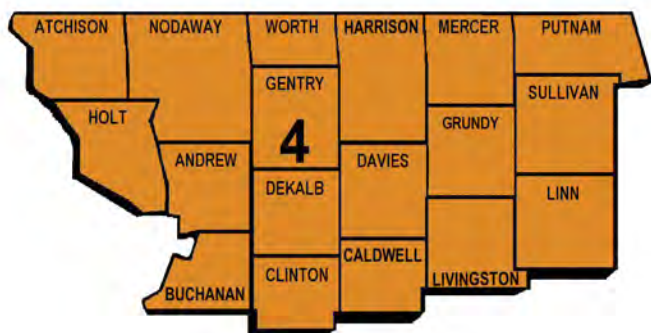


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Judy Sampson, a Northwest region ombudsman volunteer, was honored with a special award in September 2006 for outstanding volunteer service. Lt. Gov. Peter Kinder presented her with a Senior Service Award for spending approximately 30-40 hours per week in six long-term care facilities in Chillicothe and Brookfield advocating for residents.

Lt. Gov. Peter Kinder said, "There are thousands of Missourians whose lives are touched by the unselfish work and caring hands of volunteering seniors. These acts of kindness go on unnoticed all around us every day. These seniors offer their time and labor back to the community, and I want to bring these stories to the public, so we can all thank them for their work."

The ombudsmen coordinators have also had numerous opportunities to educate the public about resident rights and the ombudsman services they provide. The educational sessions have occurred in senior centers, chamber of commerce meetings, rotary clubs and nursing homes.

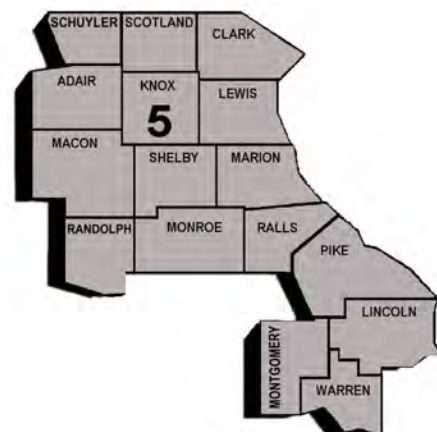


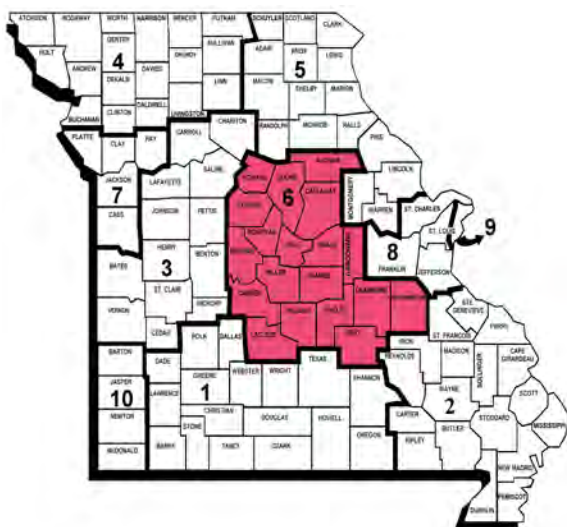


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Northeast Missouri (NEMO) LTCOP covers a 16-county area that consists of mainly rural farming communities. Although the area is accessible by four highways, volunteers travel on many rural roads to get to their facilities. In many facilities, there is a close-knit community attitude. Residents may even know their caretakers because many were teachers, doctors, ministers and caretakers prior to moving to a facility.

Quarterly training is provided to NEMO volunteers. Training topics include guardianship and conservatorship, the importance of planning end of life decisions, diversity awareness, mental health and treatment, and the importance of making regular visits and sending in reports. The Ombudsman Program has a good working relationship with Mark Twain Legal Services in Canton, which provides legal support to long-term care facility residents who are 60 and older.

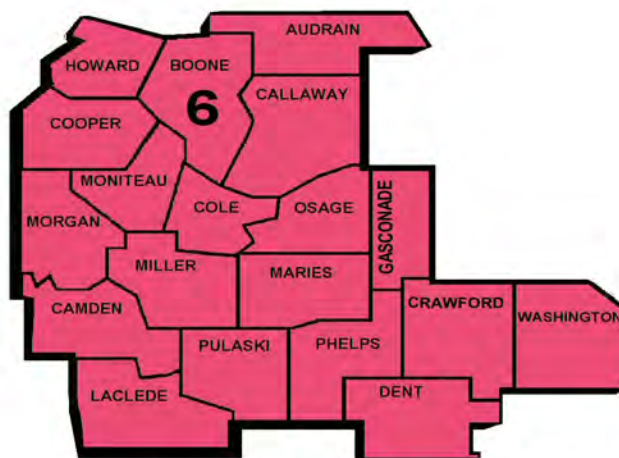




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The Central Missouri Area Agency on Aging Ombudsman Program partnered with the Mid-Missouri Chapter of the Alzheimer's Association to present a conference for family caregivers, staff of care homes and ombudsmen on May 24, 2006. Entitled "Building a Community of Care: Culture Change and the Best Friends Approach," the conference was presented by David Troxel, internationally known speaker and coauthor of The Best Friends Approach to Alzheimer's Care. Over 200 people attended. The conference was the third one sponsored jointly with the Alzheimer's Association.

Attendees learned about new trends in Alzheimer's disease diagnosis, treatment and research, as well as changing attitudes about dementia over the last hundred years. Troxel presented practical, hands-on tips for situational problem-solving and creative ideas for activities in care home settings and at home. The primary focus of the program was on the importance of building relationships between caregiver and care recipient.

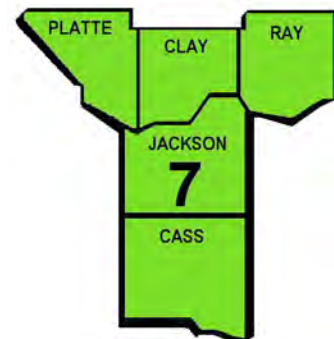




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The Mid-America Regional Council Ombudsman Program has been struggling with finding and retaining enough volunteers to keep its ombudsman program active. It has learned that volunteers want to engage in more than one role or task and are likely to leave the program if not presented with expanding opportunities. Therefore, the program now offers these volunteer positions:

- **Publicity Specialist:** This volunteer would work with publicizing the program and help recruit traditional volunteers.
- **PAVE (Personal Advocacy Volunteer For The Elderly):** More in line with the traditional volunteer role, this volunteer would work with one or two residents in the facility who have no friends or family who visit.
- **Resident Rights Educator:** This volunteer would focus solely on providing resident rights' information to residents and staff.
- **Fund Developer:** This volunteer would focus on finding grants, writing proposals, and helping to develop funding opportunities.



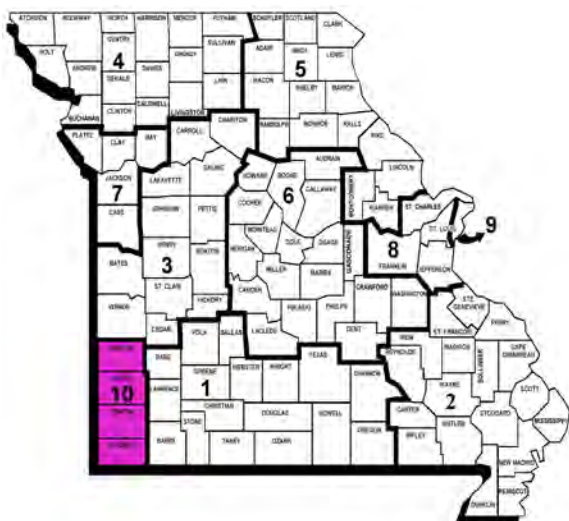


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The Long-Term Care (LTC) Ombudsman Program offers placement information to those looking for a long-term care facility in counties covered by the St. Louis and Mid-East Area Agency Agencies on Aging. A specifically designed computer program provides up-to-date information on facilities in the area. The information indicates whether an available bed is designated as “Medicare,” “Medicaid” or private pay, located within an Alzheimer’s unit, and for males or females.

This past year, the Ombudsman Program handled thousands of calls requesting information and assistance. The topics ranged from Medicare and Medicaid coverage and eligibility to resident care and services.





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The Vantage Point Ombudsman Program has an innovative way for area facilities to meet the mandated requirement of posting resident rights. It provides a calendar to facilities depicting these rights.

Facilities are invited to donate towards the cost of producing the calendars. They have been most generous, covering most of the cost of printing every year. Donors' names appear on a donation page in the calendar.

Calendars contain information on resident rights and the ombudsman program. They also include the address and phone number of the ombudsman program and the local Area Agency on Aging. Residents can call these numbers to obtain more information about services or to voice concerns.

The theme for the calendar pictures changes every year. One year, school children were asked to draw their ideas about resident rights. Another year, we had pictures of young children exercising resident rights. This year, we have family pets depicting resident rights.

Around 2,300 calendars are hand delivered to area residents just before Christmas every year. While delivering them, we take the opportunity to educate the residents about our program and wish them a Merry Christmas and Happy New Year!





Complaints

Finding a Solution

Overview of Complaint Highlights

On the following pages, statistics show the types of complaints and issues brought to the LTCOP. The 133 categories of complaints are tracked nationally. The national report (most recent report is 2005), National Ombudsman Reporting System, or NORS, may be viewed at the Administration on Aging's web page: <aoa.gov>

Finding solutions to the 5,728 Missouri complaints is not always easy. In 286 cases, the resident chose not to pursue the complaint. One principle of the LTCOP's work is to proceed toward resolution only if the resident wishes to pursue a complaint. In some cases, the resident is fearful of the repercussions of complaining about family, the facility or other residents. In other cases, the resident simply does not want to pursue the issue.

The most concerning data is that 912 complaints were not resolved to the satisfaction of the resident. Many of these complaints have to do with issues of adequate staffing and are probably the hardest to resolve. We will continue to watch this data and determine how we might better assist residents.

As we continue to do a better job of capturing the work done by staff and volunteers, some of our numbers increased considerably this year. The most notable category is the number of consultations and information provided to individuals. In 2005, the LTCOP reported 1,777 consultations. This year, that number skyrocketed to 9,523. We believe the visibility the program has received, and the number of families looking for and finding web sites on the LTCOP, fueled the increase.

Without the assistance of our 300 volunteers who visit facilities on a weekly basis, we would not be able to provide advocacy and information services to the thousands of current and future residents of Missouri's long-term care facilities.

FFY 2006 Complaint Highlights

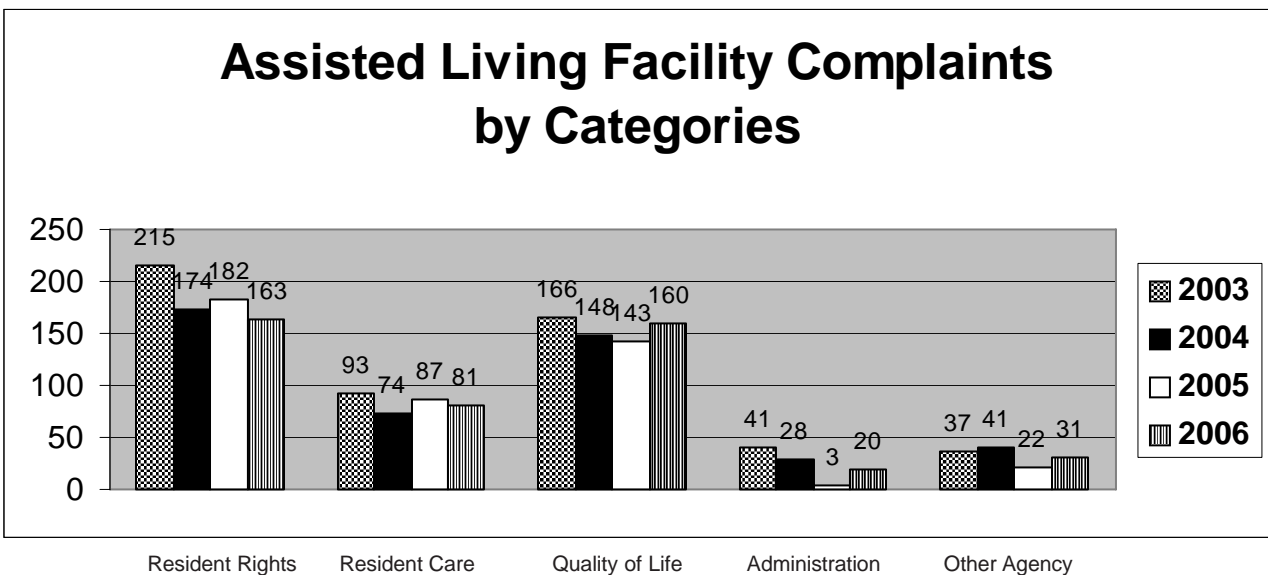
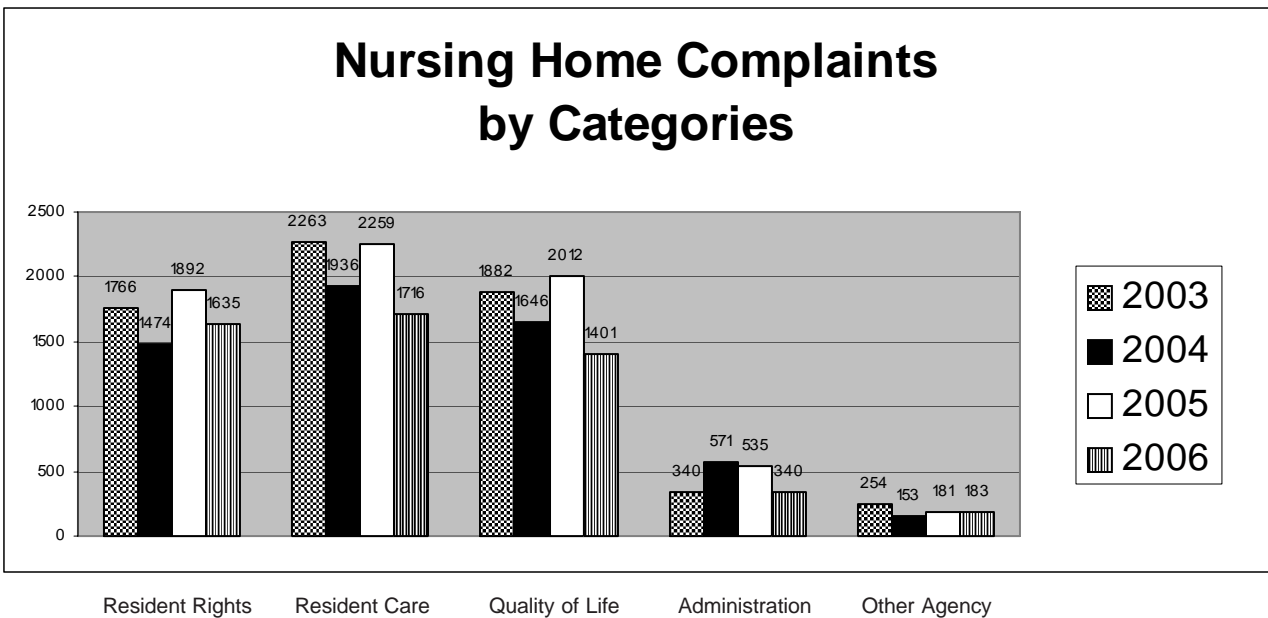
Missouri Long-Term Care Ombudsman Program
Federal Fiscal Year 2006
October 2005 - September 2006
Top 10 Complaints
Nursing Homes

Complaint Category	Number of Complaints
#1 Call Lights, Response to Requests for Assistance	412
#2 Menu-Quantity, Quality, Variation, Choice	349
#3 Information Regarding Rights, Benefits, Services	317
#4 Medications - Administration, Organization	288
#5 Personal Property - Lost, Stolen, Destroyed, Etc.	244
#6 Dignity, Respect - Staff Attitudes	217
#7 Personal Hygiene	193
#8 Staff Unresponsive, Unavailable	166
#9 Symptoms Unattended	151
#10 Assistive Devices or Equipment	142

Top 5 Complaints Assisted Living/Residential Care Facilities

Complaint Category	Number of Complaints
#1 Menu - Quantity, Quality, Variation, Choice, Etc.	48
#2 Information Regarding Rights, Benefits, Services	38
#3 Dignity, Respect-Staff Attitudes	27
#4 Roommate Conflict	23
#5 Activities-Choice and Appropriateness	19

Complaint Highlights: A Four Year Comparison



STATE OF MISSOURI ANNUAL LONG-TERM CARE OMBUDSMAN PROGRAM REPORT FEDERAL FISCAL YEAR 2006

Cases, Complainants and Complaints

A. Total number of cases opened during reporting period:

5,322

B. Number of cases closed, by type of facility/setting, which were received from the types of complainants listed below:

Complainants	Nursing Facility	RCF	Other Settings
Resident	3,667	311	2
Relative / Friend of resident	192	15	4
Non-Relative/Guardian	7	0	0
Ombudsman/Volunteer	53	7	0
Facility Administration	21	2	0
Other medical; Physician	8	1	0
Rep. of other health agency	1	0	0
Unknown / Anonymous	3	0	0
Other	1	0	0

Total number of cases closed during the reporting period:

4,291

C. For cases which were closed during the reporting period (those counted in B above), the total number of complaints received:

5,728

Ombudsman Complaint Categories						
		Resident Rights			<u>Nursing Facility</u>	<u>RCF</u>
A. Abuse, gross neglect, exploitation						
1		Abuse, physical			31	2
2		Abuse, sexual			3	0
3		Abuse, verbal			74	5
4		Financial exploitation			14	1
5		Gross neglect			6	2
6		Resident-to-resident physical abuse			14	0
7		Other			0	0
B. Access to information by resident						
8		Access to own records			12	3
9		Access to ombudsman/visitors			35	2
10		Access to facility survey			0	0
11		Information regarding advance directives			2	0
12		Information regarding medical condition			31	1
13		Information regarding rights, benefits			317	38
14		Information communicated in understandable language			2	0
15		Other			0	0
C. Admission, transfer, discharge, eviction						
16		Admission contract/procedure			5	2
17		Appeal process			3	0
18		Bed hold - written notice, refusal to readmit			0	0
19		Discharge/eviction - planning, notice			96	13
20		Discrimination in admission due to condition, disability			1	0
21		Discrimination in admission due to Medicaid status			1	1
22		Room assignment/room change/intra-facility transfer			71	3
23		Other			0	0
D. Autonomy, choice, preference, rights, privacy						
24		Choose personal physician, pharmacy			8	0
25		Confinement in facility against will			78	5
26		Dignity, respect - staff attitude			217	27
27		Exercise preference/choice and or/civil/religious rights			205	17
28		Exercise right to refuse care/treatment			19	1
29		Language barrier in daily routine			0	0
30		Participate in care planning by resident or surrogate			5	3
31		Privacy - telephone, visitors			24	8

Resident Rights - Con't					Nursing Facility	RCF
32	Privacy in treatment, confidentiality				12	1
33		Response to complaints			14	1
34		Reprisal, retaliation			11	0
35			Other		0	0
E. Financial, property (except for financial exploitation)						
36	Billing charges - notice, approval, wrong or denied				28	4
37	Personal funds - access/information denied				52	8
38	Personal property lost, stolen, used by others, destroyed				244	15
39	Confinement in facility against will				0	0
		Resident Care				
F. Care						
40	Accidental or injury of unknown origin, improper handling				107	7
41	Call lights, response to calls for assistance				412	6
42	Care plan/resident assessment				48	5
43		Contracture			3	0
44		Medication			288	18
45		Personal hygiene			193	7
46		Physician services			49	6
47		Pressure sores			28	0
48		Symptoms unattended			151	10
49		Toileting, incontinent care			111	4
50	Tubes - neglect of catheter, NG tube				10	0
51	Wandering, failure to accommodate/monitor				18	1
52			Other		0	0
G. Rehabilitating or maintenance of function						
53	Assistive devices or equipment				142	8
54		Bowel and bladder training			1	0
55		Dental Services			24	0
56		Mental health			22	2
57	Range of motion/ambulation				15	2
58	Therapies - physical, occupational, speech				59	1
59		Vision and hearing			23	2
60			Other		0	0
H. Restraints - chemical and physical						
61		Physical restraint			5	0
62		Psychoactive drugs			7	2
63			Other		0	0

Quality of Life				Nursing Facility	RCF
I. Activities and social services					
64	Activities: choice and appropriateness			67	19
65	Community interaction/transportation			51	6
66	Resident/roommate conflict			112	23
67	Social services			41	2
68		Other		0	0
J. Dietary					
69	Assistance in eating or assistive devices			37	1
70	Fluid availability/hydration			101	5
71	Menu/food service			349	47
72		Snacks		29	2
73	Temperature			47	6
74	Therapeutic diet			27	1
75	Weight loss due to inadequate nutrition			0	2
76		Other		0	0
K. Environment					
77	Air/environment			107	15
78	Cleanliness, pests, general housekeeping			71	7
79	Equipment/building			138	11
80	Furnishings, storage for residents			25	4
81	Infection control			7	1
82	Laundry-lost, condition			96	4
83		Odors		54	3
84	Space for activities			3	0
85	Supplies and linens			39	0
86		Other		0	0
Administration					
L. Policies, procedures, attitudes, resources					
87	Abuse investigation/reporting			1	0
88	Administrator unresponsive, unavailable			7	5
89	Grievance procedure			4	0
90	Inadequate record keeping			1	0
91	Insufficient funds to operate			1	0
92	Operator inadequately trained			0	0
93	Offering inappropriate level of care			0	0
94	Resident/Family council interfered with by facility			9	1
95		Other		0	0

Administration - Con't						<u>Nursing Facility</u>	<u>RCF</u>
M. Staffing							
96	Communication, language barriers					7	1
97	Shortage of staff					75	4
98	Staff training, lack of screening					56	1
99	Staff turn-over and overuse of nursing pools					5	0
100	Staff unresponsive, unavailable					166	7
101	Supervision					8	1
102	Other					0	0
Outside Agencies, Systems							
N. Certification/Licensing Agency							
103	Access to information					3	0
104	Complaint, response to					6	0
105	Decertification/closure					0	0
106	Intermediate sanctions					0	0
107	Survey process					1	0
108	Survey process - ombudsman participation					0	0
109	Transfer or eviction hearing					4	0
110	Other					0	0
O. State Medicaid Agency							
111	Access to information, application					1	1
112	Denial of eligibility					0	2
113	Non-covered services					6	0
114	Personal needs allowance					1	0
115	Services					4	0
116	Other					0	0
P. Systems/Others							
117	Abuse/neglect/abandonment by family or friend					2	0
118	Bed shortage - placement					1	0
119	Board and care/regulation					0	0
120	Family conflict; interference					58	6
121	Financial exploitation by family					12	3
122	Legal - guardianship, POA, wills					60	17
123	Medicare					3	1
124	Pre Admission Screening/Resident Review					0	0

	Outside Agencies, Systems - Con't	Nursing Facility	RCF
125	Resident's physician not available	6	1
126	Protective Service Agency	1	0
127	Social Security, Veteran's Affairs and other gov. benefits	12	0
128	Other	0	0
Q. Complaints About Services in Other Settings			
129	Home Care	0	0
130	Hospital or hospice	2	0
131	Public or other congregate housing	0	0
132	Services from outside provider	0	0
133	Other	0	0
TOTAL COMPLAINTS		5,273	453

Action on Complaints	Nursing Facility	RCF	Other Facility
1. Disposition			
a. Legal	24	3	
b. Not Resolved (to resident's satisfaction)	912	57	
c. Permission Withheld (by resident)	286	30	
d. Referred to other agency - no report	29	3	
e. Referred to other agency	2	3	
f. No action	119	17	
g. Partially resolved (to resident's satisfaction)	640	98	
h. Fully resolved (to resident's satisfaction)	3,261	242	2
Total:	5,273	453	2

TYPE OF FACILITY	NO. OF FACILITIES	NO. OF BEDS	CENSUS
Skilled Nursing Homes	498	54,364	39,601
Intermediate Care Facilities	40	2,359	1,600
Assisted Living Facilities	634	21,640	14,219
Veterans Homes	7	1,350	1,192
TOTAL	1,179	79,713	56,612
*Dept. of Health & Senior Services: Section for Long-Term Care, October 2006			
**Missouri Veterans Commission, March 2005			



Resources

Organizing the Pieces

Ombudsman Program Funding

Missouri Long-Term Care Ombudsman Program Funding Sources			
Federal - Title VII, Chapter II	\$299,136	32.37%	
Federal - Title VII, Chapter III	\$102,553	11.09%	
Federal - Title III	\$398,195	43.08%	
State Funds	\$123,981	13.41%	
Local - Program Income	\$448	0.05%	
Total Program Funding	\$924,353	100.00%	
Local - Cash/in-kind (value of volunteer time)	\$372,800		
Total Program Funding (with in-kind)	\$1,297,153		

The Missouri Department of Health and Senior Services administers the federal and state funding that supports the Missouri Long-Term Care Ombudsman Program.

- **OAA** - Federal Older Americans Act
- **Title VII** - Federal Vulnerable Elder Rights Protection Activities
- **Chapter II** - Ombudsman Programs
- **Chapter III** - Programs for Prevention of Elder Abuse, Neglect and Exploitation
- **Title III** - Federal Social Services' (III-B) Funds for Ombudsman Activities

Missouri Long-Term Care Facility Resident Rights

(Condensed Version)

EVERY RESIDENT SHALL HAVE THE FOLLOWING RIGHTS:

BE FULLY INFORMED

You should receive a copy of all rules and regulations pertaining to your rights and responsibilities as a resident. You should be informed in writing of all matters relating to you, including services and charges not covered by the government or by the facility's daily rate. You are also entitled to know: results of inspections and surveys of the home and violations or deficiencies found; licensure approvals and/or disapprovals and responses of the home; procedures for receiving emergency care at hospitals or being transferred to other care facilities; names and addresses of every owner of the home; regulations for using chemical or physical restraints; and persons with authority to order the restraints; and methods for obtaining copies of information from your file.

PARTICIPATE IN YOUR CARE

You have the right to know your medical condition and the options available for treatment. You may refuse any of the options.

CHOOSE YOUR OWN DOCTOR

You may continue to use your own doctor or select another who will be responsible for your total care. If you prefer, the facility will assign a doctor.

REMAIN IN THE FACILITY

You can be discharged only for medical reasons, nonpayment of a bill, or the threat of physical harm. You must be given written notice 30 days in advance of the transfer or discharge. This notice must tell you why you are being discharged and how you can appeal.

VOICE GRIEVANCES

You may voice concerns and problems, along with recommended changes, to facility staff or outside representatives. Owners and staff of facilities are prohibited by law from retaliating if you complain. You should speak with the director of nursing or the administrator of the home if you encounter problems requiring immediate action. For non-emergencies, speak to the resident council or an ombudsman.

MANAGE YOUR OWN FINANCES

Whether you hold your money or have the facility keep track of it, nobody can tell you how to spend your personal funds. The operator of the home can help you manage your financial affairs.

BE FREE FROM ABUSE AND RESTRAINT

You should not be subjected to physical, sexual or emotional harm. Chemical or physical restraints should not be imposed for purposes of discipline or staff convenience. Restraints are only to be used as treatment for medical symptoms.

CONFIDENTIALITY

Medical, personal, social or financial affairs should be considered privileged information.

HAVE PRIVACY AND RESPECT

You have the right to privacy in medical treatment, personal care, telephone and mail communications, visits of family and meetings of resident groups. You should be treated with consideration and respect, with full recognition of your dignity and individuality. You should not be required to do things against your will.

COMMUNICATE FREELY

You may privately associate and communicate with persons of your choice. You may send and receive unopened mail.

PARTICIPATE IN ACTIVITIES

You may participate in social and religious activities, both inside and outside the facility. The facility should not require you to perform any duties or services.

KEEP YOUR POSSESSIONS

You may retain your personal possessions as space permits. On a quarterly basis, you are entitled to receive an accounting for all your personal possessions or funds entrusted to the facility.

RETAIN MARITAL PRIVILEGES

You have the right to private visits with your spouse and may share a room with your spouse if you are both residents.

PURCHASE GOODS AND SERVICES

You should receive an itemized bill for all goods and services provided by the facility. You may purchase or rent goods or services not included in your daily or monthly rate.

Resources

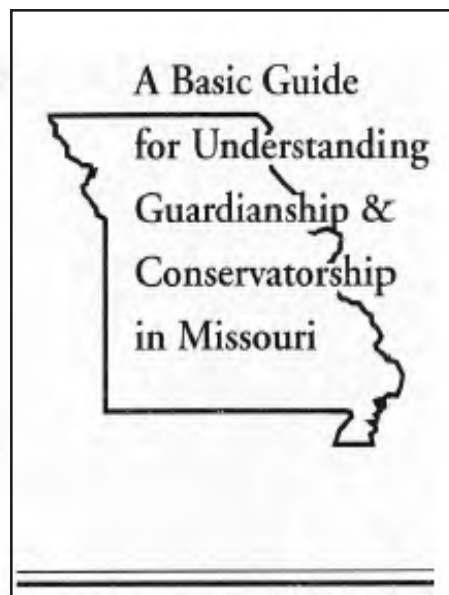
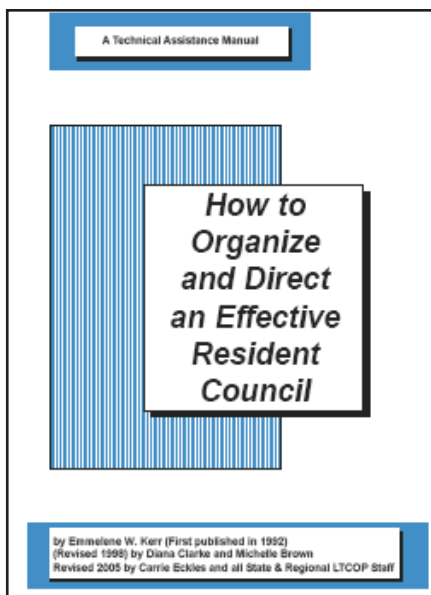
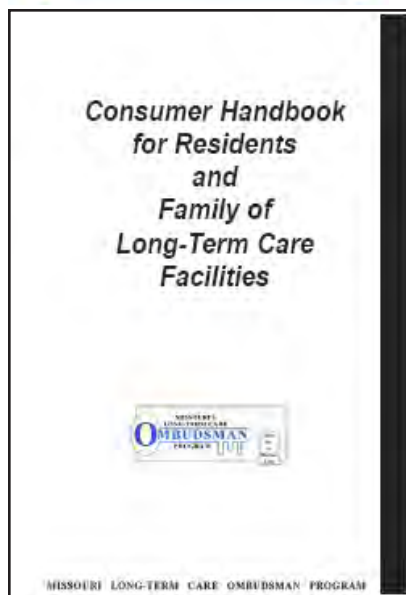
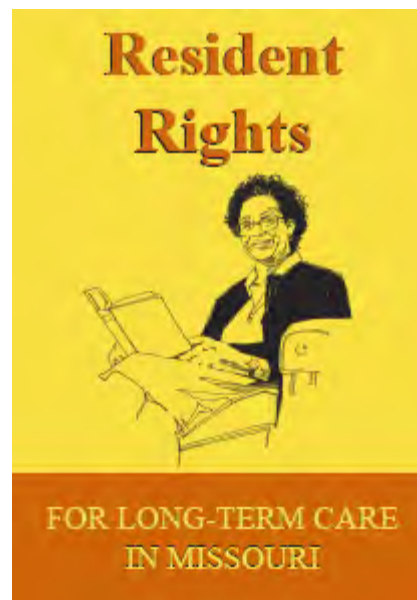
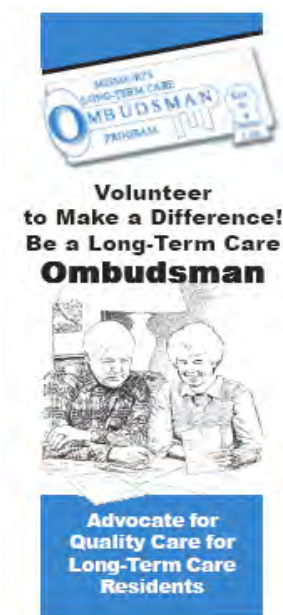
The Missouri Long-Term Care Ombudsman Program provides many resources to residents of long-term care facilities, their families, and facility staff. Information on resident rights, selecting an Alzheimer's special care unit, loss and theft in facilities, abuse and neglect, and many other topics are available.

Information can be located on the web at:

www.dhss.mo.gov/Ombudsman/

or call our toll-free number:

1-800-309-3282



Loss & Theft

How to prevent it
and
What to do when it happens
in
long-term care facilities



Advocate for Residents
1-800-309-3282

Guide to Selecting an Alzheimer's Special Care Unit



Special Care Units are in Long-Term Care Facilities and provide environments, programs, and staff specifically designed for the care needs of residents with Alzheimer's Disease.

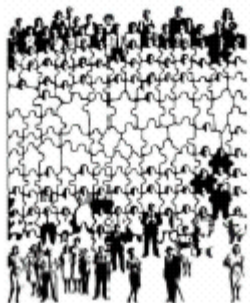
Who What & Where of Medicare, Medicaid and Veterans Benefits in Missouri

Medicare, Medicaid & Veterans Benefits are complicated programs. When you have a question about either program, half of the battle is finding someone who can give you an answer.



The Missouri Department of Health and Senior Services provides this helpful guide to aid you in your search.

The Role Of The Social Worker In The Long-Term Care Facility



Edited by Novella Perrin and Joanne Poloway

Printed by the Missouri Long-Term Care Ombudsman Program
2004

Long-Term Care Ethics Case Consultation



A mediation service of
Missouri's Long-Term Care
Ombudsman Program
PO Box 570
Jefferson City, Missouri 65102
(573) 526-0727
1-800-309-3282
TDD: 1 (800) 735-2366
Voice: 1 (800) 735-2466
and

The Center for Practical Bioethics
1100 Walnut Street, Suite 2900
Kansas City, Missouri 64105
(816) 221-1100
1-800-344-3829

Should **YOU** report resident abuse?

State law requires that all facility staff and related health care professionals **MUST** report abuse and neglect if they believe a resident has been abused or neglected. Reporters are protected by law against retaliation. Failure to report abuse and neglect is a Class A Misdemeanor. All reports made to the hotline are handled confidentially and the reporter's name is kept confidential.

Elder & Disabled Adult Abuse Hotline Number:

1-800-392-0210

Abuse is the infliction of physical, sexual, or emotional injury or harm to a resident.

Neglect is the failure to provide services when such failure presents either an imminent danger to the health, safety, or welfare -OR- substantial probability that death or serious physical harm will result to a resident.

In addition to calling the above number, do you know your facility's abuse reporting procedure?

According to section 199.018.2 RSMo, persons who must Report Abuse and Neglect are: any adult day care worker; chaplain; Christian Science practitioner; coroner; dentist; resident; employee of the department of social services; funeral home; or health and senior services; employee of a health care agency or aging or an independent agency on aging program; funeral director; home health agency or home health agency employee; hospital and clinic personnel engaged in examination, care, or treatment of persons; in-home services worker, provider, operator, or employee; law enforcement officer; long-term care facility administrator or employee; medical examiner; medical resident or intern; mental health professional; nurse; nurse practitioner; optometrist; other health practitioner; peace officer; pharmacist; physical therapist; physician; physician's assistant; podiatrist; probation or parole officer; psychologist; social worker; or other person with the care of a person sixty years of age or older or an eligible adult has reasonable cause to believe that a resident of a facility has been abused or neglected, he or she shall immediately report or cause a report to be made to the department.



1-800-309-3282 **AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER**
services provided on a nondiscriminatory basis

3/2004 130

In situations of abuse and neglect, or financial exploitation, please call the
Department of Health and Senior Services' Elder Abuse and Neglect Hotline:
1-800-392-0210

HOTLINE

SILENCE IS NOT GOLDEN

Report Abuse of Senior and
Adults with Disabilities

Elder Abuse & Neglect Hotline
Available 24 hours
1-800-392-0210

TDD 1-800-669-8819